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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing **OR** ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	UPN0022-100
First Named Inventor	David B. Weiner
COMPLETE IF KNOWN	
Application Number	10/560.653
Filing Date	Int'l. Filing Date: June 14, 2004
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VACCINES, IMMUNOTHERAPEUTICS AND METHODS FOR USING THE SAME

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) June 14, 2004 as PCT International

Application Number PCT/US2004/019028 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.


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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number	34136	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) David B.			Family Name or Surname Weiner		
Inventor's Signature			Date		
Residence: City Merion		State Pennsylvania	Country United States of America	Citizenship United States of America	
Mailing Address 717 Beacom Lane					
City Merion		State Pennsylvania	Zip 19066	Country United States of America	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Karuppiyah			Family Name or Surname Muthumani		
Inventor's Signature			Date		
Residence: City Cherry Hill		State New Jersey	Country United States of America	Citizenship United States of America	
Mailing Address 52 Ivy Lane					
City Cherry Hill		State New Jersey	Zip 08002	Country United States of America	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the <u>two</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 3 of 3

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michele		Kutzler	
Inventor's Signature		Date	
Residence: City	Souderton	State	PA
Country	United States of America	Citizenship	United States of America
Mailing Address 18 Penn Avenue			
Mailing Address			
City	Souderton	State	PA
ZIP	18964	Country	United States of America
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Andrew Y.		Choo	
Inventor's Signature 		Date 7/3/06	
Residence: City	Brighton	State	MA
Country	United States of America	Citizenship	United States of America
Mailing Address P.O. Box 35418			
Mailing Address			
City	Brighton	State	MA
Zip	02135	Country	United States of America
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael A.		Chattergoon	
		Date	
Residence: City	Philadelphia	State	PA
Country	United States of America	Citizenship	United States of America
Mailing Address 4701 Pine Street, Apartment D5			
Mailing Address			
City	Philadelphia	State	PA
Zip	19143	Country	United States of America

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Attorney Docket Number UPN0022-100

First Named Inventor David B. Weiner

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Filing Date Int'l. Filing Date: June 14, 2004

Art Unit

Examiner Name

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Supplemental Sheet**

Page 3 of 3

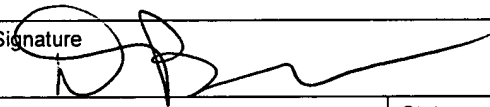
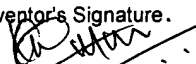
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michele		Kutzler	
Inventor's Signature <i>Michele Kutzler</i>		Date 11-9-06	
Residence: City	Souderton	State	PA
Country	United States of America	Citizenship	United States of America
Mailing Address 18 Penn Avenue			
Mailing Address			
City	Souderton	State	PA
ZIP	18964	Country	United States of America
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Andrew Y.		Choo	
Inventor's Signature		Date	
Residence: City	Brighton	State	MA
Country	United States of America	Citizenship	United States of America
Mailing Address P.O. Box 35418			
Mailing Address			
City	Brighton	State	MA
Zip	02135	Country	United States of America
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael A.		Chattergoon	
Inventor's Signature <i>Michael A. Chattergoon</i>		Date 11/14/06	
Residence: City	Philadelphia	State	PA
Country	United States of America	Citizenship	United States of America
Mailing Address 4701 Pine Street, Apartment D5			
Mailing Address			
City	Philadelphia	State	PA
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Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) David B.			Family Name or Surname Weiner		
Inventor's Signature 			Date 11-8-06		
Residence: City Merion		State Pennsylvania	Country United States of America	Citizenship United States of America	
Mailing Address 717 Beacom Lane					
City Merion		State Pennsylvania	Zip 19066	Country United States of America	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Karuppiah			Family Name or Surname Muthumani		
Inventor's Signature 			Date 11/08/06		
Residence: City Cherry Hill		State New Jersey	Country United States of America	Citizenship United States of America	
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/560,653
Filing Date	Int'l. Filing Date: June 14, 2004
First Named Inventor	David B. Weiner
Title	VACCINES, IMMUNOTHERAPEUTICS AND METHODS FOR USING THE SAME
Art Unit	not yet assigned
Examiner Name	not yet assigned
Attorney Docket Number	UPN0022-100

**I hereby revoke all previous powers of attorney given in the above-identified application.**

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34136

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

ZIP

Country

Telephone

Email


I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	7/3/06
Name	Andrew Y. Choo	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>Application Number</b>	10/560,653
<b>Filing Date</b>	Int'l. Filing Date: June 14, 2004
<b>First Named Inventor</b>	David B. Weiner
<b>Title</b>	VACCINES, IMMUNOTHERAPEUTICS AND METHODS FOR USING THE SAME
<b>Art Unit</b>	not yet assigned
<b>Examiner Name</b>	not yet assigned
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**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

David B. Weiner

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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<b>Art Unit</b>	not yet assigned
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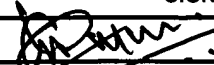
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	06/22/06
Name	Karupiah Muthumani	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Signature

Date 06/29/06

Name

Michael A. Chattergoon

Telephone

215 662 - 2352

Title and Company

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☐ Practitioner(s) named below:

Name	Registration Number

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**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Michele Kutzler

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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